

S. No. 300  
M-10-47  
5-17-39  
1 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37797  
Registrar's No. 362

FILED NOV 24 1948

Registration District No. 316

Primary Registration District No. 6074

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Desloge  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
500 S. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 50 years  
years, months or days)

3. (a) PRINT

FULL NAME James Haney

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Mary Jane Haney  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 21 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 2 2 20  
hr. min.

9. Birthplace St. Genevieve County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business self

12. Name Jerry Haney

13. Birthplace Lurinda Smith Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Lurinda Smith

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Hayden

(b) Address 500 S. Main Desloge, Mo.

17. (a) Burial (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffman, Missouri

18. (a) Signature of funeral director C. Z. Boyer & Son

(b) Address Desloge, Mo.

19. (a) 11-17-48 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois  
(c) City or town Desloge, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 S. Main  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10  
year 1948 hour 3 minute 12 PM.

21. I hereby certify that I attended the deceased from Nov 10 1948  
to Nov 10 1948  
that I last saw him alive on Nov 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach  
Duration known

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. L. Foster (M. D. or other) MD

Address Desloge, Mo. Date signed 11-10-48

RECEIVED

Health Officer No. 4  
File Number 1148-1450  
Date Filed 11-22-48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3660

P. O. Address D. F. Bogert

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Heritage, Mo.